

CITY OF SAINT PAUL

Department of Safety and Inspections Fire Prevention Division 375 Jackson Street Suite 220

WATER SHUT OFF REQUEST FORM

Revised November 2008

Complete all areas of this form and fax to: Saint Paul Fire Prevention @ 651-266-8951

No fax cover sheet is required when faxing this form.

| Date Requested: |
|---|
| Requested By: |
| Company Name: |
| Fax Number: |
| Address of Project:(Include Type: Ave., St., Blvd., and direction N, S, E, W) |
| Name of Project: |
| What are the TWO closest cross streets? |
| From what street will the water be shut off on? |
| How long is water expected to be shut off for? |